

SATURDAY, OCTOBER 24, 1874.

ORIGINAL LECTURES.

CLINICAL LECTURE

ON SOME AFFECTIONS PECULIAR TO THE FEMALE URETHRA.

BY WILLIAM GOODELL, M.D.,

Professor of the Diseases of Women and Children in the Hospital of the University of Pennsylvania, etc.

THE female urethra, from its shortness, elasticity, and large calibre, is very rarely narrowed by strictures. But it is liable to a class of disorders from which the male urethral canal is almost wholly exempt. The most common and the most painful of these is the one I purpose to show you in the person of this woman.

She is forty-three years old, but constant suffering has made her look much older. In fact, from her great emaciation, care-worn expression, and general cachectic appearance, one might readily suppose her to be the victim of some grave constitutional disease. Her history, in brief, is as follows. Four years ago, while in perfect health, her urine began to scald her. The pain, at first bearable, daily grew worse, until it now is so acute that she holds her water as long as possible, and when passing it clutches the bed-post in her agony. The act of voiding the last few drops gives her the most suffering. Before long, cohabitation became painful, but, with that submissive affection which characterizes many a wife, she yielded to her husband's wishes until it could no longer be borne. For several months she has ceased to have intercourse with him. This is, of course, a source of domestic unhappiness. Unless she stoops and widely straddles her legs, walking is attended with much pain. She complains of a constant heat and throbbing in the external organs of generation, has more or less leucorrhœa, and finds her linen often stained with blood and her urine streaked with it. By brooding over her sufferings and over her incomplete conjugal relations, she has got into a very morbid state of mind. Now, most of these symptoms are so characteristic of some utero-vaginal affection, that the physicians whom she has consulted have been misled to direct their attention to the womb and vagina. Applications have been made to the cervix uteri, which, by the way, is somewhat eroded; vaginal suppositories have been used, and even a pessary has been introduced. What has served still further to lead them astray is a marked sympathetic or reflex pain in the left ovarian region, which is almost always pathognomonic of uterine disease. I ought to do them the further justice to add that they saw her before her sufferings had become as acute as they are at present. Nor can I afford to be uncharitable, for I myself have made the same blunder.

As I separate her thighs and expose the meatus urinarius, those of you on the lower benches can see, peeping out of it, a small crimson and wart-like body. It has received the names of urethral car-

uncle, vascular tumor, and vascular excrescence of the urethra. I seize it with this toothed forceps, and by very gentle traction bring it wholly to view. It now looks like a small Antwerp raspberry, and shows a broad base of attachment just within the lower verge of the meatus. Insignificant in size as this little growth is, it has embittered this woman's life for the past four years. Notice its vascularity: it bleeds on the slightest touch. Remark also its extreme sensitiveness: although profoundly anesthetized, the woman flinches and draws up her limbs. Were she not under the influence of ether she would writhe under the brush of a feather. Let me here remark that the vulva and outlying reproductive organs of a woman are the last to yield to the influence of an anæsthetic. Sensation is here so acute that it will remain long after other peripheral nerves have become benumbed. Thus, in the attempt to pass the hand into the vagina for the purpose of performing version or to introduce a speculum in cases of vaginismus, although the woman may be breathing stertorously, she will often so resist as to need a fresh instalment of ether. I mention this fact not only for your future guidance, but also as a partial explanation of her acute sufferings.

You must not infer that every case of caruncle presents symptoms as exacting as these. In the majority of cases there will be no constitutional implication, and the woman will complain merely of discomfort or of pain during the acts of micturition and of coition. But, on the other hand, worse cases will be met with,—cases in which, by loss of rest, constant suffering, and endless brooding, insanity has been induced. Some women have even been goaded by their anguish to commit suicide. Last autumn I saw a young married lady who was broken down in mind and body by her sufferings. She was peevish, morose, and melancholic, and had dysmenorrhœa and every imaginable ache. Coitus had not been indulged in for months, and she had taken to her bed. Neither her medical attendant nor myself could believe that the presence of a urethral caruncle satisfactorily accounted for pale lips, hollow cheeks, sunken eyes, and for her grave mental and physical manifestations. I sounded her heart and lungs, investigated the condition of her abdominal organs, examined the cervix uteri for a cancer, and finally, I am ashamed to confess, straightened out a somewhat anteflexed womb. Yet, after we removed the caruncle, she became another woman. As if by magic, all her pains and aches, even her dysmenorrhœa, left her. She got out of bed, gained rapidly in flesh, is now an active housekeeper, and, what is more rare, a very grateful patient.

These torturing growths are more common to the married than to the single, and are usually found in women who have passed the prime of life. I am inclined to think that they generally owe their existence to the congestion of the urethral plexus of veins,—such, for instance, as is induced by the pressure of the gravid or the displaced womb, or by the pressure of an over-distended bladder or rectum. In fact, pretty much the same causes are at work

which tend to produce piles. Habits of uncleanness may also generate them, and so may any irritating leucorrhœal discharge. Gonorrhœa is likewise said to be a cause, but I have seen no instance in which they could be traced to this disease. They consist of hypertrophied papillæ covered with a layer of tessellated epithelium, and are largely supplied with nerves and blood-vessels. They may be single or multiple, sessile or stalked, pink or scarlet, and are usually found on the lower verge of the meatus. I have, however, seen them stud the whole circumference of this opening, and occasionally have found them extending up the canal for a distance of half an inch or more. In size they range from that of a pin's head to that of a pigeon's egg, but I have never met with one larger than a good-sized raspberry. The suffering caused by them bears no relation whatever to their size. Very small ones may give rise to intolerable anguish, while a large one may produce merely a sense of discomfort. The more vascular and vivid in color, the more sensitive do they seem to be. Some authors describe a pale, non-vascular, but exquisitely sensitive tumor of the urethra, which appears to be neuromatous in character. This I have never met with. I have, however, twice removed from unmarried girls a worm-like tumor, which dangled from the vestibule. It was pale in color, but seemed to give no discomfort.

Since most of the lesions of the reproductive apparatus, such as vaginitis, uterine displacements, etc., give rise to vesical disturbance, and since the symptoms are not always so typical as in the case before us, a urethral caruncle is very likely to be overlooked by a physician. Reflex symptoms, uterine in their expression, will also tend to lead him astray; while a very natural delicacy prevents him from making the needful visual inspection of the parts. Early in my practice a mortifying blunder of this sort taught me to make it a rule always to inspect the urethral opening whenever dysuria is complained of. But woman's modest nature—nor would we have it otherwise—instinctively resents such an examination. If brusquely proposed, it will almost always be denied. How then is it to be effected? Let me here give you a hint worth knowing. Never suggest to a woman the necessity for making an ocular inspection of her person, but do it without her consent. Let us suppose that you are called in to a case in which dysuria is a prominent symptom. You will very naturally infer the existence of some uterine lesion, and will, of course, ask for an examination with the speculum, to which most women will submit. While exploring the uterus with the index-finger, you may with the thumb press upon the meatus, and notice whether the contact elicits pain. During the introduction or the withdrawal of the speculum you can always visually inspect the parts without the knowledge of the woman. Now, in my experience, whenever you can confidently say to your patient, "I have discovered the cause of your trouble; here it is," and then by digital pressure upon the caruncle can convince her of the correctness of your statement, she will offer no resistance to any future needful expo-

sure of her person. Under all circumstances, however, you must not forget to go through with the formality of covering her with a sheet; for just as you gild and sugar-coat what is bitter to the taste, so must you gild and sugar-coat what is bitter to the mind.

What is the prognosis of this affection? Very good, when the caruncle dangles from the meatus by a slender stalk. Very guarded, when it is sessile or multiple, and especially when it extends up the canal. Like the heads of the fabled hydra,—whenever a sessile caruncle is removed, one or more are very likely to spring up from its stump like mushrooms. Yet even then a cure is usually attainable; while at their worst, as I shall presently show you, their growth can be restrained and the woman made comfortable.

Now comes the final question: What are our resources for the cure of this affection? When distinctly pedunculated, one snip of the scissors is all that is needful for a cure. But when sessile, as they usually are, difficulties arise in their removal which demand the administration of ether and the aid of two assistants.

Let me now illustrate this on our patient. She lies in the lithotomy-position, fronting a good light, and with her knees supported by these gentlemen, who also place their fingers on each side of the meatus and stretch it open. I now seize the growth and carefully remove it by repeated clips of the scissors. I take care to include a portion also of the surrounding healthy mucous membrane. To prevent its otherwise sure return, I quickly dry the raw surface, sear it with the frayed end of a match moistened with fuming nitric acid, and then with a little olive oil decompose any excess of acid. The bleeding was at first quite free, but the acid has, as you see, completely stayed it.

This, however, is not always the case. Three months ago I removed for the second time a cluster of sessile growths, and found at my next visit, twelve hours afterwards, that the lady had lost and was losing too much blood. I staunched the bleeding point with ice and Monsel's salt, and put on a compress with a T-bandage; but at my next visit, six hours later, I found her quite blanched from a recurrence of the hemorrhage. I now ineffectually applied the solid stick of lunar caustic, and then tried to nip the bleeding point with a serrefine, but the tenderness of the part was so great that she would not permit any further interference; nor would she again inhale an anæsthetic. For a moment I was at my wits' end to know what to do. The prospect of spending an hour or two at her bedside, with my finger pressing on the urethra through the vagina, was not an agreeable one. But I finally succeeded by stuffing a sponge half-way into the vulvar opening. Its elasticity and that of the perineum, on which it rested, made the needful pressure upon the bleeding surface.

For avoiding this complication, and also for insuring a complete destruction of the growth, the galvano-caustic loop is undoubtedly the best instrument. But its expense will always put it out of the

reach of those of you who expect to practise in the country. A red-hot knitting-needle could, at a pinch, be used as a substitute.

But it is high time to return to our patient. The after-treatment will consist of the application twice a week of the undiluted commercial carbolic acid (Calvert's No. 4), until the raw surface has skinned over. By the use of this agent I have best succeeded in preventing a crop of small growths from springing up from and around the site of the parent growth. Sometimes you will have to repeat the cutting operation, but not often, if you follow the plan of treatment I have laid down. Once, in an obstinate case, which had passed through several hands and had stubbornly resisted repeated operations, I gained a cure by first cutting off the growth, and then by forcibly dilating the urethral canal with the expanded blades of a dressing-forceps until it admitted my index-finger. I argued that by stretching the muscular coat of the urethra I should release the involved plexus of veins from its spasmodic contraction and thus relieve their congestion. My friend Dr. Theophilus Parvin has succeeded by excising the growth, and bringing the edges of the wound together with stitches. By this procedure the site of the caruncle is covered with healthy tissue, and the chances of its return greatly lessened.

But every woman will not submit to the cutting operation. What then is to be done? Whittle the end of a match to a point, and with it touch each growth twice a week with the crystals of carbolic acid made fluid by heat. This is a very painless operation, and one which you will find very effectual in mummifying the tumor and blunting its sensitiveness. So prompt, indeed, is the action of this acid as a local anæsthetic, that, immediately after its use, I have quietly snipped off the tumor without the knowledge of the woman. For analogous conditions, Dr. A. W. Edis recommends (*British Medical Journal*, April, 1874, p. 449) the use of a saturated solution of chromic acid. It should be applied in the same manner as the carbolic acid, but with more care, and should afterwards be neutralized by pledgets of lint dipped in a strong solution of carbonate of soda. In this relation let me say that during a uterine treatment you will occasionally discover a painless caruncle. If pedunculated, snip it off; but if sessile, be wary of touching it, lest its removal should cause the growth of secondary painful ones.

There are a few other affections of the female urethra, of which I have no examples to show you, but which you will at long intervals meet with. One of them is a granular erosion of the lining membrane, very analogous to that of the cervix uteri. The pain in micturition is excruciating, and the whole urethral tract is tender to pressure made by the finger in the vagina. Upon gently stretching open the meatus, you will find the mucous surface highly congested and denuded of epithelium. This will usually yield to the passage of a pine stick of the size of a catheter, smeared over with undiluted carbolic acid, the urethra being immediately afterwards injected or swabbed with olive oil. This acid

may be boldly applied once a week until the local symptoms disappear. In obstinate cases one application of nitric acid, made in precisely the same manner, will promptly cure your patient. But its use is open to the very grave objection of often causing an obstinate narrowing of the canal, which may make the woman's condition worse than before.

Another affection of the urethra is prolapse of its mucous coat. This usually happens in children, but you will occasionally see it in adults. It is readily told from a caruncle by its less vivid color, by the absence of bleeding, by a low grade of sensitiveness, and by its involving the whole circumference of the meatus. A cure is here attainable either by snipping off a thin strip of the prolapsed mucous membrane, or by one or two applications of nitric acid in a narrow streak around its whole circumference. In either case the cicatrization of the wound will be hastened by subsequent touches with the lunar-caustic pencil.

Very rarely, indeed, will the urethra be the seat of a true polypus. When present, it starts usually from a point high up in the canal, and very generally escapes detection until the patient has passed through several hands. Sometimes it dangles in the bladder, and then stops the flow of urine like a ball-valve. Whenever the act of micturition is obstructed, the physician should search the bladder for a stone, or other foreign body, and, failing to discover one, should dilate the urethra and explore it with his finger. A polypus should be twisted off, or snared in the noose of a double canula. Once removed, it never returns.

A cancer affecting the urethra primarily is a very rare disease. I have seen but one example of it. The woman suffered from obstruction, and I wished to scrape away the growth, but she would not consent, and I lost sight of her. If a removal of the morbid mass is not possible, the most that can be done is to keep the canal open by the daily passage of a catheter and the occasional use of a laminaria tent.

The last affection to which I shall advert is not strictly one of the urethra. I refer to inversion of the bladder through this canal, an accident of which several cases have been reported (*Gazette Médicale de Paris*, January, 1874, p. 8). At first blush this may seem to you an impossible accident; but remember how dilatable is this canal. Through it very large calculi and other foreign bodies have been removed from the bladder. Again, in cases of imperforate hymen, or of absence of the vagina, coition usually takes place through the urethra. The treatment here is to replace the bladder, and to narrow the urethral canal by removing a strip of mucous membrane and by stitching the edges of the wound together.

ALBUMINURIA.—Dr. Girgenshon has discovered that the albumen contained in the urine of nephritis differs from that found in cases of accidental albuminuria. The tannin compound of the former contains 37 per cent. of tannin, while that of the latter contains about 20 per cent. The albumen of the blood-serum reacts with tannin in the same way as that of nephritic urine.

ORIGINAL COMMUNICATIONS.

A CASE OF RUPTURE OF THE UTERUS.

BY H. G. LANDIS, M.D.,

Niles, Ohio.

ON the night of September 22 I was called to attend Mrs. O., æt. 34, nativity Ireland, in labor for the tenth time. She had already had four still-births and one instrumental labor, all of them being described as long and difficult. She was a very short, stout woman, with a cleft palate; and her sister, who was her sole attendant, was the subject of a large hare-lip. Labor began at 10 P.M., and yet in three-quarters of an hour the os was sufficiently dilated, and a large bag of waters bulging half-way to the vulva. The anterior lip of the cervix was peculiar, being at least an inch long, as was also the posterior lip; and both were thick and oedematous, and the seat of several old rents. They seemed to hang loosely like a thick fringe from the already dilated os internum. The pelvis was deformed from rachitis, the conjugate diameter measuring barely three inches. The vertex presented in the first position. The pains were moderate and the woman very restless, persisting in getting out of bed after nearly every pain, sometimes standing, and often sitting on the chamber. As there was considerable liquor amnii and the "bag" had fulfilled its purpose, I tore the membranes, after which the head forthwith engaged in the superior strait. The pains continued as before, the woman refusing to lie quietly in bed, and the head was stationary. At 2 A.M. of the 23d I sent for the forceps, intending to apply them within an hour more if the head made no advance, as the cervix seemed to be somewhat more oedematous. Shortly after this she lay down, and had two pains of greater force than any before, but not at all violent, aiding them for the first time by pulling on a sheet fastened to the bed-post. Just after the second pain I found the head lower down than before and the sutures overlapping, and was hopeful for a natural termination if the pains continued in this wise. But, in spite of all that could be said, she again arose, and shortly after standing up (at 2.30 A.M.) gave a short cry and complained of a great cramp in the belly. The labor-pains disappeared. There was, however, no shock; no symptom but steady pain. In a few minutes she lay down, when the head was found to have perceptibly receded; the abdomen had also changed in shape, being more uniformly convex instead of the sharply protuberant outline of the uterus before noticed. There was still nothing in the woman's pulse or general condition to warrant the conclusion that so grave an accident as rupture of the uterus had actually happened, but speedy delivery was plainly indicated, so at 2.45 I applied the lower (male) blade of the forceps. It was adjusted with great ease. On introducing the left hand preparatory to applying the upper blade, I found that the head had in the interim ascended an inch or two above the brim. By its side was a hand, ready to present, next to that the placenta, doubled up, and a little farther on was a foot. I at once withdrew the blade of the forceps, and, seizing the foot, turned, which was easily done. During the turning there was a little external hemorrhage. After the delivery of the breech, the head was found to be in an occipito-posterior position, from a pardonable haste in version, and the arms were extended: an unpleasant complication in a contracted pelvis. The arms were with some difficulty brought down, the head remaining at the brim. Morph. sulph., gr. $\frac{1}{2}$, was then given, and at 3.10 A.M., Dr. Leitch having arrived, the forceps were applied, but the disproportion was too great for the head to be de-

livered in a posterior position; neither could I succeed in rotating the head and then applying them. Abandoning the instruments, the head was rotated to an anterior position by pressing the finger against the superior maxilla inside the mouth, the body being simultaneously rotated, after which I pulled down the lower jaw and with moderate traction effected delivery at 3.55 A.M. The child was a male, weighing ten pounds, and of course still-born. The cord was then followed up, and the placenta found in the abdominal cavity, but was easily withdrawn by traction on the cord. I then cautiously explored, and found a rent a little above the junction of the body and neck of the womb, at a point nearly corresponding to the right sacro-iliac symphysis: through it I felt a coil of the small intestines. The body of the womb was firmly contracted, and, being thus pulled away from the uncontracting cervix, made the rent gape somewhat. Notwithstanding all this, the typical physiognomy of shock was still absent, the woman being fully conscious and complaining of excessive pain. At 4.25 A.M. we gave morph. sulph., gr. $\frac{1}{2}$, camphoræ, gr. i, and in an hour began the use of veratrum viride, giving one drop of Norwood's tincture every hour, with morph. sulph., gr. $\frac{1}{2}$, camphoræ, gr. i, every other hour. Her condition remained substantially the same, with little relief from pain except in short doses (the pulse 132 and weak), until 4 P.M., when the pulse was full and inflammatory, but still 132 to the minute. The veratrum was reduced to a drop every other hour. There was scarcely any external flow, but on shifting her from the right side, on which she had hitherto lain, to the left, at her urgent request, a gurgling sound was heard within the abdomen, highly suggestive of effused blood and plenty of it. By 8 P.M. the bowels were much distended and tympanitic; pulse 140; pain not quite so severe; skin moist and hot. Treatment continued, and anointed the bowels with turpentine diluted one-half with lard, reapplying the binder, as it seemed to make her a little less uncomfortable.

September 24.—Made water freely this morning. General condition the same. She was again shifted to the right side. At 11 A.M. called in Dr. D. B. Woods, of Warren, who introduced a drainage-tube into the abdominal cavity, and in the course of the day some thick fluid blood passed through it, not exceeding an ounce. An attempt had been made to place her on her back, but the position was unbearable and caused her to vomit. At 6.30 P.M. the bowels were a little less swollen; pulse 118; not so much pain. The next dose of veratrum was omitted, and it was afterwards reduced to gr. $\frac{1}{2}$ every hour. Thirst was throughout prominent. She was again placed on her left side. These shiftings were followed by an interval of comparative ease. During the last one the drainage-tube escaped, and, as on her left side it could do no good, it was not introduced till September 25, 8 A.M., when she was again on the right side. At midnight, vomiting began, and she was now unable to retain anything on her stomach. Added acid. carbol., gr. $\frac{1}{2}$, to each dose of veratrum, and bismuth. subnitrat., gr. v, to the morphia and camphor. Morphia placed dry on the tongue was also used, and sinapisms to the epigastrium. From this time medication practically ceased, as the vomiting was persistent and uncontrollable. The fluid ejected was greenish and with little odor. The bowels remained quiescent. Hot cloths were applied to the abdomen, which greatly relieved the pain. By 5 P.M. the features were beginning to look pinched and haggard, the pulse being 124. She survived, however, until 7 A.M. on the 26th. No autopsy could be obtained.

Remarks.—The precise moment of rupture was evidently when the labor-pains were completely abolished and the cramps suddenly began; but it

is not clear whether the placenta became detached immediately. If so, a great deal of blood must have escaped into the abdominal cavity, as the external hemorrhage was slight. In the absence of an autopsy, the precise extent of the rupture is unknown. The suddenness with which the head disappeared from the brim, between the withdrawal of one hand and the substitution of the other, was remarkable. If the second blade could have been applied, the rent would probably have been smaller, but the hemorrhage into the abdominal cavity would have been none the less, and this was undoubtedly the necessarily fatal element in the case. In view of the mortality of this accident, it is a question whether, even after delivery per vias naturales, it would not be justifiable to open the abdomen by an incision and sponge out the effused blood, whose presence is a sure cause of peritonitis, and, by decomposition, of septicæmia. The cause in this case seems to have been premature fatty degeneration of uterine tissue. The pains were throughout comparatively weak, and almost the first attempt at aiding them by voluntary muscular effort resulted in rupture. I was informed that three months before confinement she had had some domestic trouble, during which she fainted, and felt afterwards as if something had given way. The movements of the child, also, became very faint. What this may have been is doubtful. If the rachitic diathesis was an element in the causation, rupture might justly have been expected to occur in former labors; and yet vitality may have been so far impaired that from this very cause the womb was early worn out, so to speak, by frequent use. The influence of rachitis on vitality after the entire cessation of osseous changes is denied very flatly by Parry in his paper published in the *Am. Jour. of the Med. Sciences*, April, 1872, but without the evidence of thorough research that attends the other statements in that valuable paper. It is certainly a debatable question. To sum up: we have here a case of rupture of the uterus occurring after four and a half hours of labor in a multipara with a pelvis deformed by rachitis, followed by death from peritonitis, the first stage of labor having been very short; an obscure history of sudden uterine disturbance three months before; an unusual absence of shock after the rupture, and a subsequent peritonitis in which dorsal decubitus was absent and tenderness of the abdomen slight, as shown by the tolerance of a bandage. The fluid which passed through the drainage-tube most nearly resembled the contents of a cephalæmatoma, which are generally described as loosely coagulated blood. Much of this might have been removed by washing out the abdominal cavity; but the heroic appearance of this procedure, coupled with the almost certainty that equally mischievous clots of large size would still remain, resulted in mere expectancy; and, indeed, decided measures of treatment, to which alone we may look for good in these cases, are likely to be still set aside until the almost millennial day when the physician's hands shall be no longer tied by the demands of popular prejudice.

October, 1874.

TWO CASES OF MYDRIASIS WITH PARALYSIS OF ACCOMMODATION TREATED BY ELECTRICITY.

OCCURRING IN THE PRACTICE OF DR. C. R. AGNEW.

REPORTED BY DR. D. WEBSTER,

New York.

CASE I.—Mrs. G. W. J., æt. 31, married, presented herself for treatment February 17, 1874. She has had no children or miscarriages; has had womb-disease for the last ten years, which her family physician calls ulceration and enlargement. She has been very nervous for years, and has frequent rheumatic pains beneath her shoulder-blades,—worse on the right side. For four or five months she has been subject to severe headaches, more especially in the left temple. A month ago she noticed, for the first time, a blur in reading the newspaper. No history of specific disease.

Examination.—The pupil of the left eye is widely dilated; media and fundus normal; R. E. V = $\frac{2}{3}$; Hm. $\frac{1}{4}$; L. E. V = $\frac{2}{3}$, with + $\frac{1}{10}$. With the left eye she reads Jaeger No. 19, and picks out letters in Jaeger No. 17 at 18"; with + $\frac{1}{10}$ reads Jaeger No. 1 at 12".

The patient states that she has been salivated; that she has taken potash, and that she is now taking elix. fer. phos. cal. c. strychnia.

I commenced at once the application of electricity—interrupted current. The instrument used was Dr. Jerome Kidder's improved tip-battery. I commenced with the weakest current, applying it at first for only ten minutes. The current was gradually increased in strength until the connections were made at the posts marked A and D, and the tube withdrawn from the helix about an inch and a half, which seemed to indicate the maximum strength that the patient could comfortably bear. The length of time of each sitting was gradually increased until half an hour was reached, and so continued. The positive electrode was generally applied to the closed eyelids, by means of a moistened sponge, while the negative was held in the hand. The electricity was felt much more in the hand than in the eye, unless the sponge happened to be pressed against the supra-orbital or infra-orbital nerve. The application was repeated daily, except Sundays. No improvement was appreciable until after the eighth application, when she read Jaeger No. 15 readily; and now her power of accommodation began to be steadily restored, until, after the twenty-first application, she read Jaeger No. 1 quite easily at 7". Her pupil became gradually smaller and more responsive to light, until it is now very nearly normal. The patient was discharged, cured, after the twenty-third application.

She remarked that the rheumatic pains beneath her shoulder-blades had entirely disappeared under the treatment.

Case II.—S. L. W., æt. 27, clerk; first seen January 9, 1874. Four or five days ago found he could not read without closing his left eye, and upon looking into a mirror observed that his left pupil was larger than its fellow. For two days has had several attacks of severe headache. Has had gonorrhœa with bubo for the last month, accompanied by much pain in the perineum. Has had two sores on his penis: the first a year ago, which his doctor said was not a chancre; the other three or four weeks ago, which was caused by an accidental application of tincture of iodine. Gives no history of general syphilis. V = $\frac{2}{3}$ each eye; Em. Fundus and media normal. Unable to read any except the coarsest print, with left eye.

He was ordered to avoid tobacco and alcohol; his habits were regulated, and he was placed on iodide of potassium and tincture of nuxvomica. He was kept on this treatment about a month without benefit to his

eye. He was under treatment by an expert for stricture of the urethra at the same time. All medication was stopped, and he was now placed upon electricity, as in Case I. After the ninth application he read Jaeger No. 6 at one foot; after the fourteenth application he read Jaeger No. 1 at 8", but the dilatation of the pupil remained unchanged. The applications were kept up at irregular intervals, so that he had had thirty sittings in all on the 25th of March, when he was dismissed, with still a perceptible difference in the size of his pupils, as also in their mobility. Hypodermic injections of strychnia had been tried in this case, before electricity was resorted to.

It seems worthy of note that in this case the function of the ciliary muscle was fully restored for several days before the sphincter iridis showed any indications of returning strength, while in Case I. the functions of both muscles were restored simultaneously.

ESMARCH'S BANDAGE IN SHOULDER-JOINT AMPUTATION.

BY W. H. MYERS, M.D.,
Fort Wayne, Ind.

RECENTLY, in amputation at the shoulder-joint, I used Esmarch's elastic bandage, as I thought, to a very good purpose. Before the operation I had the arm elevated and the bandage firmly applied, allowing no pressure at the time over the subclavian artery until the bandage was carried up as high into the axilla as possible. Pressure upon the subclavian artery was then applied by an assistant, the bandages removed, and the result was an almost bloodless operation.

PERSISTENT VOMITING OF PREGNANCY—INDUCED ABORTION—RECOVERY.

BY FRANCIS L. HAYNES, M.D.

MRS. C., aged 39, was delivered of her eleventh child January 3, 1873. Shortly afterwards, she was treated for uterine disease—cervical endometritis and a large ulceration of the os—by applications of fuming nitric acid.

On March 1, 1874, a final examination was made: the parts were entirely cicatrized; the canal of the cervix was so contracted that it would barely admit a probe.

Mrs. C. enjoyed perfect health from this time until the latter part of July, when she became aware of the existence of pregnancy from the disappearance of the menstrual flow and the presence of nausea and vomiting, which had been very troublesome accompaniments of her previous pregnancies. The vomiting increasing, medical aid was obtained on August 28. The following drugs were administered in various combinations: quinia, bismuth, cerium oxalat. (in from two- to ten-grain doses), sodium bicarb., potas. bromid., prussic acid, calomel, creasote, and morphia hypodermically, alone and combined with atropia. Nutritious enemata were employed during the entire course of her sickness: without them I am sure she would have succumbed.

In spite of physic, the vomiting became more and more troublesome, until nothing whatever could be retained by the stomach. The patient became very feeble, and assumed a cachectic appearance. The pulse gradually grew weaker and increased in frequency.

On September 10, Dr. Houghton visited the patient, and agreed with me in the propriety of inducing abor-

tion. On the succeeding day a speculum was introduced. No orifice in the uterine neck could be seen, merely a minute depression; into this a probe was forced; its circumference was then nipped by a bistoury; the dressing-forceps were introduced and dilatation practised. This operation was followed by slight alleviation of the vomiting, which, however, soon resumed its usual violence. The patient grew feebler; wandering delirium came on; the pulse rose to 136. On the 15th and 16th she had several severe rigors. To relieve this symptom she was ordered five grains of quinine every two hours by enema.

On the 19th, a sponge-tent was introduced into the cervix uteri; the next morning, Barnes's dilator was applied, and immediately afterwards the uterus was emptied of two foetuses (about six weeks old) and their involucri, by means of the finger and dressing-forceps. To prevent hemorrhage (for there was no contraction whatever of the uterus, either tonic or intermittent), a tampon was applied.

The patient vomited but three times after the abortion, and made a good, though slow, recovery.

FOREIGN BODY IN THE EAR FOR TEN YEARS.

BY CHARLES SHAFFNER, M.D.

Assistant Physician to the Eye and Ear Institute.

A. W., 11 years old, came under our notice September 30. Her mother said that when she was about a year old and living in Ireland, near Londonderry, she was playing out of doors under the care of older children, when one of them brought her in and said she had put a hawthorn stone ("haythorn stone") in her ear. The mother immediately tried to pick it out with a large pin, but not being successful, and it not causing any complaint from the child, she forgot all about it for the time.

It caused very little trouble indeed; occasionally, a slight attack of otalgia, some little tinnitus, described as a low buzzing, and no discharge whatever.

On examination with the speculum, the seed was found against the membrana tympani, surrounded with healthy cerumen. The syringe and Toynbee's forceps assisted us in soon bringing it away, when it was found to be a stony, hard, black seed, about the size and shape of a pea, and was no doubt the seed of a hawthorn tree (*Crataegus oxyacantha*), such as are grown in hedges in Ireland.

The membrana tympani was then carefully examined, and nothing abnormal was discovered but some little congestion,—a very little more than syringing the ear with warm water would naturally produce.

It seems very strange that a foreign body should be so long in such a position without causing severe inflammation and ulceration.

NOTES OF HOSPITAL PRACTICE.

PENNSYLVANIA HOSPITAL.

SERVICE OF J. FORSYTH MEIGS, M.D.

Reported by FRANK WOODBURY, M.D.

A CASE OF ABSENT UTERUS AND VAGINA, WITH RUDEMENTARY OVARIES (?), WITH REGULARLY RECURRING MENSTRUAL MOLLIMEN.

THE following are the notes of an interesting case admitted to the Women's Medical Ward on the 14th of August, 1873, during the service of Dr. J. F. Meigs, by whose permission it is reported.

The patient was 22 years of age, born in Germany, and was sent to the hospital with the following history: She had been only four months in America, and had been doing house-work until she was taken sick. One month before admission she caught cold from exposure and overwork, but was able to perform her duties until five days previous, when she was attacked by a very troublesome diarrhoea, preceded by nausea and vomiting, and accompanied by headache, constant fever, and anorexia. The case was pronounced by her attending physician to be one of typhoid fever, and her friends were advised to bring her to the hospital.

There was no fever present when she was admitted, although her pulse was accelerated and it was said that she had been delirious the night before. The tongue was moist, and had a light coating, with red tip and edges. The abdomen was not tympanitic, nor were there any rose-spots visible. The patient seemed well nourished and in good condition, and did not appear to be very ill. She stated that she suffered occasional attacks of severe pain in the right chest and epigastrium. The diarrhoea had become less troublesome than before, but the headache still continued.

The lungs and heart were found to be normal, and the liver and spleen not enlarged.

As the symptoms were not urgent, she was ordered rest in bed, with a light diet, potassii bromid., gr. xx, at night, and a sinapism to the chest if the pain returned.

On the next day the urine was examined, and found to be about the normal quantity and color, neutral in reaction, sp. grav. 1020, and to contain no albumen. The bowels were open once or twice daily, and the fever had disappeared, except a slight flush in the morning following chilly sensations. She was put upon the use of quinia sulph., gr. xii, daily, for a week, when it was reduced to gr. vi, and continued after the chills had gone, as a tonic.

The lady with whom she had been living now communicated the fact that although the girl was quite sick every four weeks, she had never had any menstrual discharge, and requested that she might be examined and measures taken for her relief. The patient, who was quite intelligent, said that she came to America in order to learn the language, with the intention of returning at the end of a year and resuming her occupation as teacher in a school kept by her father in North Germany. Her parents were healthy, and she was not aware that a tendency to any special disease or deformity existed in her family. She stated that for more than seven years she had suffered from physical disturbance every four weeks, often being obliged to keep her bed at these periods, but never had any vaginal discharge; a fact to which she did not attach much importance, as another member of her family, an aunt, did not menstruate until after marriage, at twenty-eight years of age. She frequently had epistaxis at these times, which greatly relieved her headache and pelvic distress. On one occasion the family physician ordered an application of leeches to her thighs and abdomen, from which she experienced such relief that she subsequently applied them several times of her own accord. She refused to permit a physical examination while at home, and her physician recommended a visit to America, thinking that a change of climate might encourage the establishment of the function.

In making a digital examination an abnormal condition of the vagina was found. The surrounding parts showed nothing unusual, but the vagina was a cul-de-sac of scarcely an inch in depth.

The next day a thorough examination was made by Dr. Meigs, with the patient under the influence of ether, with the following results:

The patient's frame was large and well developed, and her face full and florid. The mammae were of good size; hips broad. The external parts appeared

rather flattened, but were moderately well supplied by the capilli veneris. The clitoris was of normal size, and the internal labia as usual. By introducing the finger into the rectum, it was found, by the aid of a catheter in the bladder, that the vagina terminated abruptly at the position before indicated, and that no uterus or rudiment of one existed. With two fingers in the bowel a fold of membrane, or band of fibrous tissue, could be felt running across the pelvis, high up, as if it were the broad ligament. There was nothing to represent the uterus, as there was not even a perceptible thickening of the membrane in the centre, but far to the right was found a small, uncertain, movable, local thickening, which gave some resistance, and seemed like a flattened, fibroid body, resembling in size and shape the fibro-cartilage of a large oyster. No corresponding body could be discovered on the left side.

The following day Drs. Ellwood Wilson, James H. Hutchinson, and James C. Wilson were invited to examine the case with Dr. Meigs. Some of the gentlemen thought that the above-mentioned thickening was a rudimentary ovary, and Dr. Ellwood Wilson was under the impression that he felt a similar, but smaller, one on the left side; otherwise they corroborated the former examination.

The patient remained under observation nearly seven weeks, during which she showed marked hysterical symptoms, losing consciousness on several occasions. She had one of her menstrual periods while in the hospital, accompanied by headache, cardiac and lumbar pain, flushed face, etc., but the pulse remained full and slow; she was relieved by the application of leeches to the groin.

The history of the patient since puberty is interesting, as showing the tendency that prevailed to plethora and recurring hemorrhage (*vicarious menstruation?*). The following is an account written by herself at the request of the resident, which was thought worth translating:

"The first half of my fourteenth year was quite free from sickness; then for three or four weeks flushes of heat occurred every evening, and following this bleeding at the nose and abdominal pains (leibschmerzen) came on quite regularly *every four weeks*, which still continue. In my fifteenth year I was troubled very much with swollen face and pains in the eyes, and had a severe attack of measles. The next year I had asthma, following the measles, and my limbs were swollen, which still continued during my seventeenth year, but to a greater degree. At this time I commenced to be troubled with rush of blood to the head, so that often my eyes became bloodshot and vision would be temporarily lost. In the succeeding year the swelling in my limbs and feet was so great that I was unable to walk for three months. At this time the doctor applied leeches, but took so much blood that I became weak and had a sense of exhaustion. In my nineteenth year I had chills and fever occasionally quite severely, and had a serious attack of pneumonia. The next year jaundice occurred twice; after the second attack, which was severe, I had an attack of *spitting of blood*, lasting about three weeks. This was followed by anæmia, which continued until my twenty-second (the present) year, when I had two more attacks of pneumonia. . . . When coming on the steamer the second attack occurred, in addition to which I suffered very much from sea-sickness. . . ."

B. D.

To this history may be added the item that the patient was markedly hysterical, having several unmistakable attacks while at the hospital.

It would seem, from what questions could be addressed to her on the subject, that in her sentiments towards the opposite sex she was like other girls of her age.

PHILADELPHIA MEDICAL TIMES.

A WEEKLY JOURNAL OF
MEDICAL AND SURGICAL SCIENCE.

The Philadelphia Medical Times is an independent journal, devoted to no ends or interests whatever but those common to all who cultivate the science of medicine. Its columns are open to all those who wish to express their views on any subject coming within its legitimate sphere.

We invite contributions, reports of cases, notes and queries, medical news, and whatever may tend to increase the value of our pages.

All communications must bear the name of the sender (whether the name is to be published or not), and should be addressed to Editor Philadelphia Medical Times, care of the Publishers.

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EDITORIAL.

MEDICAL EDUCATION.

ENCOURAGED by the old saw, A continual dropping will wear away a stone, at the risk of wearying our readers we to-day call attention to the Indiana Medical College as an example of the inevitable results of our American system of medical instruction. In the recent announcement of this college it is stated,—

"The Indiana Medical College was organized in 1869, to meet an educational necessity long felt by the profession of the State. It was formed under a resolution of the Academy of Medicine of this city, and received the unqualified endorsement of the State Medical Society."

At present the college forms the medical department of the State University, and has, therefore, every endorsement of respectability, so far, at least, as the outer world can judge. Yet tuition in it is offered *free*, and attendance only on a single lecture course of about four months' duration is required for graduation. The session opens October 12, and closes on the 26th of February; whilst the official announcement expressly states, "Four years of reputable practice are considered equivalent to one course of lectures."

We note these facts not to complain of them, but simply as beacon-lights; not because the profession in this portion of the country is directly responsible for them, or able to change them, but because they are the legitimate and inevitable fruits of that system of medical education which was fastened upon

the United States by the founders of the Medical Department of the University of Pennsylvania,—a system still supported by the example, if not the precept, of every medical teacher in the East, outside of Boston. We cannot control others, but we can exercise over them the powerful, though it may be unseen, influence of example.

The Medical Department of the University of Pennsylvania was modelled upon that of the Edinburgh University, but in an evil hour the plan was departed from, in that the professor was made a dependent not of the trustees but of the students; receiving his emoluments not from the University but from the class.

Since the University of Pennsylvania has been the foster-mother of the present system, would that it had celebrated its centennial anniversary by stepping up to a higher and nobler plane! It has lost, however, the honor of being the first institution to reform: if it hesitates much longer, it may have the shame of being among the last.

IN what we have said in the past, or may say in the future, on the subject of medical education, we desire it to be distinctly understood that no disparagement is intended of the medical schools of this city, except in regard to the length and amount of study required of the student and the system of granting diplomas.

The corps of medical teachers in this city, public and private, is to-day probably equal to any in the world,—certainly to any on this continent. Medical, surgical, and obstetrical clinicians of ample experience and the highest ability, specialists of the most thorough culture, medical chemists and toxicologists of wide renown, anatomists known wherever science is cultivated, microscopists of skill which may challenge the world, impressive and polished lecturers—we are proud to hold a humble position among such a body of men, and only express our honest conviction when we state that never in the history of our city has so much talent clustered around the medical schools.

The clinical opportunities afforded are also infinitely beyond what they ever have been in the past, and are sufficient to satiate the most avaricious. In West Philadelphia over eleven hundred hospital-beds within five minutes' walk of one another, and very large special dispensary services—for general medicine and surgery, for diseases of the nervous system, of women, of the skin, of the ear, and of the eye—afford material, embarrassing in its richness, for fourteen free clinical lectures a week, and as many private courses as students can be found to pay for.

In the heart of the city, not more than two miles from this medical centre, and with passenger-cars passing to and fro every three minutes, are the large and popular general and special clinics of the Jefferson Medical College, and in close proximity to these the four weekly free clinical lectures of the Pennsylvania Hospital, the oldest institution of the kind in America, and surgically one of the most active hospitals in the world. In the concentration of clinical material and the consequent saving of the time of the student, our city is almost unrivalled, and leaves nothing to be desired.

We find no fault with these facilities, because there is no room for fault-finding. With the finest medical hall on this continent, if not in the world, with progressive teachers and ample clinical and anatomical material, our city offers any one who is desirous of learning every opportunity for the study of the science and the art of medicine, except it be in the one deficiency of a well-appointed physiological laboratory. It is not of these things we complain, but candor forces us to acknowledge with sorrow that any student who does not want so much to learn as to get the title of M.D. and the right to practise, will find in the Philadelphia diplomas the maximum of respectability, with almost a minimum of necessary attainments; not that the standard here is lower than elsewhere,—it is certainly higher than in the smaller schools,—but because it is of very necessity the same or nearly the same as in our neighboring and competing cities. Let us hope that the day is not far distant when a Philadelphia medical diploma will be proof that its possessor is a master in his art, and not, as he may be at present, a mere medical ignoramus.

THOSE of our readers who are subscribers to the *London Practitioner* will be glad to hear that Dr. T. Lauder Brunton is to be the successor of Dr. Anstie. To our thinking the choice is most judicious. We believe Dr. Brunton to be, intellectually, one of the foremost of the London profession.

DR. ANSTIE is stated to have left a family with very slender resources, and measures have been taken to raise a memorial fund, which it is proposed shall be especially applied to the completion of his son's education, the father's plan for which the family are not in a pecuniary condition to carry out.

CHEMICAL and histological laboratories are about being erected in connection with La Charité, Paris, at a cost of over twenty thousand dollars.

A WRITER (*Medical Press and Circular*) styling himself "Cause and Effect" has discovered that abortion is so universally practised in the United States, and "safes" or similar devices used in France, because the law of entail does not exist in those benighted countries.

It is stated that there are a number of "lady students" at the Ecole de Médecine, and that they are on the same footing as the other students.

ROKITANSKY is now seventy years old, but he has been requested by an especial act to continue his lectures on Pathological Anatomy.

DR. WILLIAM RUTHERFORD has been elected Professor of Physiology in the University of Edinburgh.

LEADING ARTICLES.

SECRET POISONING.

A MAN named Moreau, who was accused of having poisoned two wives in less than ten months, by repeated doses of blue vitriol, has been recently tried in France, and the marked contrast between the thorough way in which the medico-legal points were worked up, and the loose manner in which similar subjects have been dealt with in some late trials in this country, warrant a somewhat extended account of the case. Moreau began his education with a view of taking holy orders, but, owing to the partiality for female society which he exhibited, it was soon found that he was unfitted for that vocation. He then went to Paris, where he acquired some knowledge of chemistry, but did not obtain a diploma; and, after marrying a girl with whom he had been living, purchased an herbalist's shop. He became embarrassed in his circumstances, and then, as the prosecution alleged, conceived the idea of poisoning his wife so that he would be free to marry a well-to-do woman, named Lagneau. His first wife died, and he in a short time married the other woman, who was perfectly healthy, and about thirty years of age. She in her turn died not long after her marriage, with symptoms almost entirely similar to those which attended the death of her predecessor. There were many circumstances concerning the deaths of the two women which were calculated to awaken suspicion as to the cause of their death, and the bodies were exhumed and found to contain considerable quantities of copper. Moreau had nursed both of the women during their illness, and had given them their food and medicine, throwing away any which they did not take. He had not summoned the physician who had attended his first wife to care for his second, and to neither of them had opportunity been given to inquire into the cause of

the symptoms under which their patients were suffering.

The second wife, indeed, had expressed the belief that her husband had poisoned her, but he managed to induce her attendant to certify that her death was due to "diphtherial quinsy." The evidence which was brought out at the trial was entirely conclusive, and the prisoner was convicted and sentenced to death.

Dr. Bergeron, who is well known as a medical expert, was directed to exhume the bodies of the two women and examine them, and state whether the conditions which he found could be accounted for by any known disease, or whether they corresponded to those which would be found after the administration of poisonous doses of the salts of copper. The bodies were accordingly dug up, and the autopsies performed at the Morgue of St. Denis. The viscera were removed, with the observance of all possible precautions to prevent anything finding its way into them, and placed in receptacles which were entirely new and clean.

The organs of the first victim were in a wonderfully good state of preservation; they were dry, like parchment, and covered with mould. The condition of the stomach was such that an incision could be made in it as if death had taken place but a few days previously. This organ presented no excoriation nor ulcer, so that the assertion that had been made that death had been caused by some affection of that organ was proved to be without foundation.

The pharynx of the second woman presented no evidence whatever of angina. The coffins were tight, and it was not possible that any copper could have made its way into them and thus have affected the corpses. The most careful tests of the presence of copper in the internal organs were made, and the presence of the metal was established beyond a doubt by bringing it into court. In order to refute the possible objection that copper might be present in all bodies, no less than fourteen bodies were examined, and their viscera tested for the presence of that metal. In two of these cases copper was found to exist in the liver, but in infinitesimal amount, since scarcely one milligramme was detected. The question was then settled, and Bergeron expressed his conviction that the copper found in the intestines of these two women had been administered to them, and that they had died in consequence of its poisonous effects. He further administered the sulphate of copper to two dogs with their food, and at their death found in their livers approximately the same amount of copper that existed in the livers of the two murdered women.

The chemist, M. Lhôte, who had performed these investigations in conjunction with Dr. Bergeron, gave his evidence to the same effect, but in more precise and mathematical language. He testified that in the body of the first woman he had detected one hundred and twenty milligrammes of copper, and in that of the second eighty-four milligrammes of the same metal, and confirmed the statement that in the fourteen bodies which had been tested for copper, it had been found in but two of them, and in quantities of not more than one milligramme.

PROCEEDINGS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

THURSDAY EVENING, SEPT. 23, 1874.

THE PRESIDENT, DR. WM. PEPPER, in the chair.

OVARIAN tumor of the left ovary, and a tubal dropsy of the right Fallopian tube.

Dr. H. LENOX HODGE exhibited the specimen, which was removed at the Presbyterian Hospital from a woman who had suffered from ovarian dropsy for about two years and a half.

She had been tapped eight times by different practitioners, and was admitted into the hospital three weeks after the last tapping. She died on the second day after her admission, in a faint upon rising to have a stool.

Upon making the examination, the uterus was found lying in front of the tumor, flattened and extending three-fourths of the distance to the umbilicus. The uterus was also elongated so as to measure six inches. The tumor extended to the margins of the ribs, and consisted of one large cyst, with a few small ones in the exterior portions of the wall. The large cyst was filled with a thick purulent fluid, with numerous large flakes of fibrinous deposit. Upon its interior were a number of inflammatory growths. The smaller cyst had not suppurated. This tumor was on the left side. The right ovary was healthy, and exhibited a recent corpus luteum. The right Fallopian tube was much elongated, tortuous, and its diameter enlarged, especially towards its fimbriated extremity. This extremity extended far beyond the ovary, and was not in direct connection with it. At the extremity of the tube there was a sac filled with a dark-colored fluid, containing a small quantity of albumen, and communicating freely with and constituting part of the Fallopian tube. The fluid could not be forced along the narrow part of the tube into the uterus.

There was recent local peritonitis, and there was cirrhosis of the liver.

The special points of interest in this case to which Dr. H. directed the attention of the Society were inflammation of an ovarian cyst following tapping; the existence of distinct tubal dropsy; the microscopical and chemical characteristics of ovarian and tubal dropsies.

Specimens of these fluids were sent to Dr. Richardson and to the special committee of this Society of which Dr. Tyson is Chairman.

Dr. JOSEPH G. RICHARDSON said he could not add much to Dr. Hodge's statement. He had found the cells of Dr. Drysdale in the first cyst and in the cyst containing purulent fluid. In the third fluid, decomposition had so far advanced that he was unable to make a satisfactory examination. He had found cells resembling them, but he could not be confident of their characters, because the field was so crowded with bacteria.

Dr. JAMES TYSON said that he had examined, in connection with the Committee on the "Ovarian Cell," three fluids sent by Dr. Hodge said to be of ovarian origin. In one the cell of Dr. Drysdale was clearly present, also in the second, which was pronounced to be pus, while in the third decomposition was so advanced as to admit of no reliable examination.

Dr. RICHARDSON said that while he had treated the cells with acetic acid, he had not applied ether.

Dr. TYSON said that the committee had found the application of ether to the fluids under the microscope so difficult and unreliable, in consequence of its extreme volatility, that they had ceased to attempt to use it in the examination of fluids sent to them.

Dr. RICHARDSON said that during the addition of ether

to the cells on a slide in his presence he had not been fully satisfied that the desired contact took place.

The specimen was referred to a special committee for report, consisting of Drs. Mears, Hodge, and Parry.

Dr. HODGE stated that he joined heartily in the request that the specimen be referred to a special committee for examination, and in reference to Dr. Mears's suggestion that it might be a cyst of the broad ligament which had undergone suppuration, he would call attention to the following facts: The anatomical relations as seen at the post-mortem indicated that it was ovarian. The contents of a small cyst in the wall of the large cyst were highly albuminous.

She had been tapped seven or eight times. Three of theseappings, before suppuration had begun, she described minutely, stating that the fluid was of a greenish color, and coagulated upon boiling, instead of being of the thin, clear, colorless character, like spring-water, so strikingly peculiar to cysts of the broad ligament.

Dr. H. LENOX HODGE also exhibited an ovarian tumor removed by ovariectomy. The operation was performed this morning. The patient is 29 years of age, and has suffered from the tumor for about eighteen months. She was tapped last May, and one large cyst emptied. This was followed by partial relief. During the summer the fluid reaccumulated, and before the operation she measured two inches more around the abdomen than she did before the tapping.

The tumor is of the multilocular form, and belongs to the right ovary. The left ovary was healthy. On account of the thick character of the contents of many of the cysts, and the large amount of fibrous structure, it was requisite to make the abdominal incision ten inches long, extending about one inch above the umbilicus. The patient has reacted well, has no pain, and rests very comfortably this evening.

Congenital imperforation of the duodenum and absence of the gall-bladder.

Dr. RICHARD A. CLEEMANN presented the specimens, and read the following history: "These specimens of morbid anatomy represent arrest of development of the duodenum and of the gall-bladder. They were removed, with the assistance of Dr. C. B. Nancrede, at the necropsy of a female infant, made thirty hours after death. The body was emaciated; the cadaveric rigidity well marked. On opening the abdomen, the stomach and what proved to be a portion of the *duodenum* greatly distended were seen, of a pearly whitish appearance, extending quite across from side to side and deep down in that cavity. The contents of this double pouch, to which the stomach contributed about two-thirds, consisted, besides gases, of a thick, blackish-green liquid, resembling meconium: after these were removed the capacity of the whole sac for water was seven and a half fluidounces. Examining the interior of the duodenal portion, a papilla with a central depression is seen, situated posteriorly and near the lower end, but no outlet. A thin strip of tissue has been left, uniting the external face of this little eminence with a narrow blind pouch, which was continuous with the *jejunum*. The latter and the rest of the intestinal canal were contracted, and presented nothing abnormal. The anus, vagina, and urethra were pervious and well formed; the bladder empty. On inspecting the liver, the depression between the right and square lobes is found to be without the gall-bladder, a thin cord of tissue, somewhat expanded anteriorly, occupying this position. Nothing further of special interest was observed in the contents of the abdominal and pelvic cavities; those of the thorax and cranium were not examined.

"The subject of these imperfections seemed, at birth, to be in perfectly good condition, and had in due time alvine and urinary evacuations. However, in the course of the first day, after something fed her by the

nurse, vomiting began, and persisted till the fifth day, when death occurred from exhaustion. The matters vomited at first looked like what had been ingested, but subsequent ejections had a peculiar yellow color, and were at the close quite dark, resembling the post-mortem contents of the stomach, and had a very disagreeable odor. Along with the gastric disturbance, restlessness soon began, and then evidences of pain manifested themselves, which increased till the little patient seemed in an agony of suffering. She ceased to micturate after the second day, but had motions from the bowels to the end.

"The hour-glass-shaped pouch formed by the stomach and part of the duodenum, the much dilated pylorus like a firm ring, making but a loose constriction, had a very deceptive appearance; especially before the immersion of the specimen in alcohol, in which it has contracted unequally. It looked as if the stomach had reverted to the sacculated condition which occurs in some lower animals, and which, indeed, has sometimes been found in infants. In two instances of congenital stricture of the duodenum, reported in the Transactions of the Pathological Society of London (the only cases at all similar to this described there), the shape of the conjoined stomach and part of the duodenum was precisely the same. On the first of these, furnished by Dr. Wilks, the infant died on the second day, fourteen hours after vomiting began, and there were no evacuations from the rectum, the bowels being found distended with meconium at the necropsy. The stricture occurred just above the entrance of the common duct.* In the other case, contributed by Dr. George Buchanan, the child lived eighteen months, presenting a curious succession of symptoms; the difficulty was caused by a slightly oblique septum, with a perforation through the centre only a line in diameter; between the walls of this diaphragm ran the bile-duct.†

"Congenital imperforation in the course of the intestinal canal is much more rare than at its extremities; a fact easily explained by the greater simplicity of development of the walls of the tube than of its outlets. On account of this rarity, little is to be found written on the subject in systematic medical works; but the younger St. Hilaire treats generally concerning it as follows: 'It (the alimentary canal) is sometimes imperfect in one or several regions, principally in its terminal portions, but never throughout its whole length. The imperforation results at one time from a membrane placed transversely, at another from the approach and intimate union of the intestinal walls so that the form of the organ changes from that of a canal to that of a solid cord, and again, finally, from the termination of the intestine in a *cul-de-sac*.‡' Occurring in the duodenum, as in this case, the condition is of course necessarily fatal.

Absence of the gall-bladder, on the other hand, is not very uncommon, and a compensatory dilatation developing itself in the course of the hepatic duct or in the substance of the liver itself is generally found;§ its non-existence is quite compatible with prolonged life. The conjunction of the two anomalies is, however, very interesting in view of the functional and local relations of the defective organs, to explain which it may be supposed either—following Sir James Paget in the theory which makes one organ in its development serve the purpose of an excretion in the production of another||—that the imperforate duodenum determined the absence of the gall-bladder, or that the close juxtaposition of certain portions of the two organs exposed them to the direct

* Trans. Path. Soc. of London, vol. xii. p. 101.

† Ibid., p. 121.

‡ Histoire des Anom. de l'Organisation. Bruxelles, 1837, tome i. p. 376.

§ Sharpey & Quain's Human Anatomy, by Leidy, first Amer. edit., vol. ii. p. 401.

|| Lectures on Surgical Pathology, third London edit., p. 19.

action of some local disturbing cause. To know what was the condition of the hepatic duct would be useful in this connection, but, unfortunately, the specimen was removed too hurriedly to admit of its dissection.

"As at the necropsy no local condition, such as an adventitious band, was discovered to account for the anomalies, so, with the same negative result, nothing was elicited in the history of the mother's pregnancy to warrant their reference to inheritance, mechanical disturbance, or profound mental impression—the three principal supposed agents in the arrest of development."

The specimens were referred to a special committee for report and drawing, consisting of Drs. Cleemann and John M. Keating.

Two specimens of intestines from cases of typhoid fever.

The PRESIDENT presented the specimens, of which one showed the lower portion of the ileum, with marked enlargement of the glands of Peyer and of the solitary follicles. In a few spots superficial ulceration had appeared. The walls of the bowel were somewhat thickened and too vascular; and there were evidences of general peritonitis, with production of pus and yellowish lymph. The spleen was enlarged; the mesenteric glands enlarged and slightly softened.

The specimens came from a child of four years, who died on the eighth day, of a violent attack of typhoid fever. The early symptoms were obscure and undecided, consisting only of irregular feverishness and failure of strength and appetite. Convulsions occurred on the fifth and sixth days, and the little patient remained subsequently in a state of stupor. The abdomen was much distended, and was evidently the seat of pain. There was no diarrhoea; but when stools were procured by laxatives, they were thin and yellowish.

No cause for the severe peritonitis could be found, as ulceration of the glands of Peyer had in no instance extended deeply enough to cause inflammation of the serous membrane; and there certainly had been no perforation. It is probable, therefore, that it was due to the septic poison of the disease, as is seen in pyæmia, erysipelas, etc. No special source of infection could be discovered at the place where the disease had originated.

Dr. JOHN S. PARRY asked Dr. Pepper whether there had been any temperature-records kept; whether the back had been examined for spots, and whether the stools were characteristic of typhoid fever.

Dr. PEPPER replied that no temperature-record had been kept; that the back had been carefully examined, and that some of the stools were the yellow ochrey stools characteristic of typhoid fever.

Dr. PARRY had seen a number of cases of typhoid fever in children, the youngest being between three and four months old. In this instance there were convulsions, and the child died comatose. There was no peritonitis, but before death the temperature was 109° in the axilla. He had noticed that when the eruption was absent on the abdomen it was sometimes abundant on the back and buttocks. He had always attached great importance to the characteristic alvine discharges after having given a purgative. Further, he was unable to recall many cases of epistaxis, never having seen a severe case in a young child, excepting once, and that was a case of relapsing fever, in which the nares had to be plugged to arrest the hemorrhage.

Dr. PEPPER regretted much that the case was without temperature-observations. It had perhaps happened to every one to notice the great irregularity and obscurity in the symptoms of typhoid fever in children. It is so with regard to epistaxis, the nervous symptoms, and the bronchial complication, which may be entirely absent or attain the degree of a pneumonia; while the

body may be examined from head to foot without finding a trace of eruption, and yet the course of the temperature and the attendant symptoms make the presence of typhoid fever almost a matter of positive demonstration. With regard to the bowels, he could not speak as positively as Dr. Parry. When loose, yellowish stools are present, they are doubtless of great diagnostic value; but doubtless members will recall cases where the bowels are quiet, and where moderate laxatives are borne without the occurrence of the loose discharges, at any rate until too late a period to be of service in diagnosis. The variations in the temperature are so marked and so characteristic as to have secured the name of infantile remittent.

When Dr. Pepper first saw the child it was in convulsions, and it was only by the most careful examination that the history of the case was elaborated. He found that there was chilliness, coldness of the hands and feet, with occasional febrile movement for four or five days previous. Strong purgatives had been administered at the beginning, but there had been no active purgation in consequence, and there was no evidence of irritation sufficient from these purgatives to have produced peritonitis. It is probable, however, that it was the peritonitis which gave rise to the grave symptoms, while there was not sufficient time for the bowel-affection to have progressed to perforation; so that the origin of the peritonitis was constitutional, due to the condition of the blood.

There were open cess-pools in the boarding-house where the family were living, but examination failed to find a sufficient degree of foulness to justify the idea of absorption. There were a considerable number of inmates in the house, but no other case occurred during the summer.

Dr. RICHARDSON said that it had occurred to him that it might be of importance to examine the pus of peritonitis, with a view to finding starch-corpuscles and other ingesta, which would be almost sure to be present after perforation of the intestine had occurred.

The second specimen exhibited extreme disease of the solitary glands and patches of Peyer in the ileum, removed from a man twenty-eight years of age, who died in the University Hospital on the twenty-third day of an attack of typhoid fever. He had received no medical treatment until his admission on the twentieth day of the disease, and for four days before that time had been almost without food or attendance. His prostration was extreme; nervous symptoms mild; slight eruption only; considerable bronchial congestion; abdomen distended and tender, and incessant colliquative diarrhoea. The stools ran away from him almost continuously, and were composed of thin, yellowish liquid. All treatment proved unavailing to check this, and death occurred from exhaustion.

At the autopsy, marked pulmonary congestion and decided enlargement of the spleen were found. The mesenteric glands were much enlarged, reddish, and softened. The small intestine was distended, and its walls were vascular. The intestinal glands were implicated throughout the entire course of the bowel, but the lesions were most profound through the ileum, especially towards its lower end. The solitary glands were greatly enlarged, containing semi-fluid exudation, and in some instances had undergone superficial ulceration. The disease of the patches of Peyer towards the lower end of the ileum was extraordinarily intense. The intestine presented, for a distance of more than a foot, a mass of large, oval ulcers, almost confluent, with thick, rounded edges and irregular fungous surfaces.

A case of rupture of the heart, and post-mortem muscular spasms.

Dr. W. W. KEEN presented the specimen, from Mrs. S., æt. 68, who had been in general poor health for some

years, and a year ago had been cautioned as to exertion on account of a fatty heart.

"September 16, 1874, in the morning not feeling very well, and her hands and feet being cold, as her daughter noticed, she did not rise till near noon. Up to this time she had had two or three attacks of vomiting and retching, not more than usually severe, and apparently caused by taking some medicine, as it followed each dose. At 1 o'clock P.M., having been about the room for some time, she said she felt rather worse and would lie down. In a few moments she sat up in bed, retched again, suddenly threw herself back without a word, and was dead. I was hastily called (I had never seen her before), and after listening over the heart and lungs, feeling for the pulse, finding the pupils immobile, and noting the color and coldness of hands, feet, and face, I pronounced her dead. This was some ten or fifteen minutes after death. About half an hour after death, on going into the room, I noticed with surprise that one of the feet seemed to move under the sheet. To assure myself that it was not possibly the shaking of the floor, I uncovered the feet and hands and sat by the body to watch. The movements were not constant, but were very frequent, probably from two to three times a minute at first to once in three to five minutes towards the end, and they did not cease for over an hour and a half after death. They were sometimes spasmodic movements of the whole foot, but by far the most frequent nearly complete flexion of the great toe alone, or of the first two or three toes, or of all of them together. No other part of the body moved. The movements were so marked that I made one or two subsequent examinations to assure myself of the extinction of life.

"The post-mortem was a very satisfactory proof that they were purely post-mortem phenomena.

"*Sectio cadaveris*, forty-eight hours after death.—The rigor mortis was well marked. The subcutaneous fat about one inch thick. The heart only was examined. About eight or ten ounces of clotted blood and serum were taken out of the pericardium. On removing the heart, the valves were competent, as was proved by testing them with water. The aorta and the mitral valves showed the beginning of atheroma, but only slight. The cause of death was found in a rupture in the walls of the left ventricle. The external orifices were mere slits three-sixteenths and one-eighth of an inch long respectively, one-fourth inch apart, one-half inch from the septum ventriculorum anteriorly, and two inches from the apex, respectively. Internally there was but a single opening, hidden completely by the columnæ carneæ, as shown by two probes passed from the exterior. The walls of the right and left ventricles were three-sixteenths and five-eighths of an inch thick, were not fatty to the eye, and were not at all torn or undermined in any way by the rupture. The heart contained no clots save one, quite small, entangled in the columnæ carneæ at the internal opening, and composed of two parts, one half of white fibrin, the other half of more recently coagulated blood. On microscopical examination, the muscular tissue was found very fatty, the striation being firmly visible, however, at most points, but the fibres everywhere broke up longitudinally into fibrils on the slightest violence. The specimen is in the Museum of the College of Physicians."

Dr. PEPPER said that during the short epidemic of cholera which prevailed in Philadelphia a few years ago, he had made several post-mortem examinations. In some of these cases, post-mortem movements of a very startling character had been observed. In some, the insertion of the knife excited distinct twitching movements. He had once or twice observed movements of the arm in sudden death from acute disease.

Dr. HODGE asked how long after death these movements had been observed.

Dr. PEPPER replied that several hours had sometimes intervened. He also alluded to the recent theory on which they were explained as post-mortem changes in the contractile substance of the muscles themselves.

Dr. WILLIAM DARRACH said that about two years ago a lady, apparently in perfect health, walked out of one apartment into another, and in a few seconds was heard to scream. Her friends, on entering the apartment, found her dead. A rupture of the left ventricle of the heart was found in post-mortem examination, and fatty deposits in the walls of the coronary artery. He asked Dr. Keen whether this vessel had been examined in this instance.

Dr. KEEN replied that it had not.

Cast from a bronchial tube.

Dr. J. SOLIS COHEN exhibited a solid cast from a bronchial tube. The specimen had been expectorated in his presence a few days before by a male office-patient, thirty-four years of age, suffering from pneumonic and laryngeal tuberculosis. It was about two inches in length, tapering towards each end; one end being smoothly rounded, and the other having an impress from the angle of a branching tube. It was one-fourth of an inch in diameter in its thickest portion. Atropia was being successfully administered at the time, for night-sweats.

Dr. R. M. BERTOLET said the cast was composed of exudation corpuscles, some organized fibrin, and a few epithelial scales. The latter were much less numerous than usual in these cases.

Wad of paper and cloth removed from lacerated wound of the leg.

Dr. J. E. MEARS presented a mass consisting of paper and cloth, which had been fired from a small cannon, one and a half inches in bore, and which, at a distance of forty feet, produced a lacerated wound of the leg in a patient who was admitted to St. Mary's Hospital.

Fragments of bone from compound comminuted fracture of the skull.

Dr. MEARS presented fragments of bone removed from the frontal bone of a boy æt. 14 years, who had sustained a compound comminuted fracture of the skull, caused by an iron clamp weighing fourteen pounds, which fell a distance of thirty feet, striking the head.

A report of the case appeared in the number of the *Medical Times* for October 3, 1874.

SELECTIONS.

KOLBE ON THE ANTISEPTIC PROPERTIES OF SALICYLIC ACID.

THE physiological action of this substance has been little studied, though its physical and chemical properties are pretty well known. From the fact that it can be readily composed from carbolic acid and carbonic acid, and that, on heating above the boiling point, it is decomposed into these two substances, Professor Kolbe, of Leipsic, was led to expect that, like carbolic acid, it would oppose processes of fermentation and putrefaction, and prove a good antiseptic. Along with Professor Thiersch, he made some experiments in this direction, which he has recently described to the Saxon Academy (see Dingler's *Polytechnisches Journal*, 2d July number).

To ascertain how salicylic acid acted on ferments, he first dissolved some amygdalin in water, mixed with the solution a small quantity of the acid, and added an emulsion of sweet almonds. In a quarter of an hour, by which time a second mixture of almond emulsion

and amygdalin, without salicylic acid, smelt strongly of bitter-almond oil, the mixture containing the acid had not the least trace of such a smell. If the proportion of salicylic acid be very small, the smell will appear after some hours; but, with even a small quantity, no smell will be perceptible after twenty-four hours.

Mustard-seed powder, which in lukewarm water soon gives a strong smell of mustard oil, gives no such smell if a very little salicylic acid be previously mixed with it.

If a solution of grape sugar be mixed with a little salicylic acid (a thousandth at the most), yeast has afterwards no action, and a sugar solution already in fermentation ceases to ferment when a small quantity of the acid is added.

[Details of such an experiment are given.]

Again, some Leipsic beer of excellent quality was divided among several wide glass beakers (1000 grammes to each), and kept fourteen days at a temperature varying between 68° and 75° Fahr., the vessels being covered with loose paper. To one vessel was added (and mixed with the beer) 0.2 gramme of salicylic acid; to a second, 0.4 gramme; to a third, 0.8 gramme; to a fourth, 1.2 gramme; in another glass the beer remained unmixed. This last began at the end of the second day to deteriorate, and became coated with a layer of fungus. In the vessel with 0.2 gramme of salicylic acid the fungus-vegetation commenced on the third day; in the vessel with 0.4 gramme, on the fifth; in that with 0.8 gramme, on the tenth; while the 1000 grammes of beer to which 1.2 grammes of acid had been added did not, even after twelve days, show any fungus-vegetation. Thus, a thousandth of salicylic acid, added to beer, suffices to preserve it from injury through fungus-growth.

Next, fresh and pure cow's-milk, with 0.4 per cent. of salicylic acid added, and left in an open vessel, at a temperature of 64.4° Fahr., was thirty-six hours later in curdling than an equal quantity of the same milk beside it which was without salicylic acid. The addition of a little more salicylic acid delays the souring and coagulation still longer. The milk continues to taste well; the taste of the small amount of acid is not perceptible.

Some newly-passed urine was divided into two portions, and kept several days in separate vessels. A little salicylic acid having been added to one portion, this was found on the third day still clear and free from the smell of ammonia; while the other portion was already far gone in decomposition, and smelt strongly.

Fresh meat, rubbed with salicylic acid, will keep for weeks, in air. The author prepared large quantities of beef and mutton with the acid, put them in a large covered vessel, and a month afterwards he found them still quite fit for cooking. Most of the salicylic acid can be removed by washing, before the use of the meat. The remaining portion has a not unpleasant sweet taste, but it is hardly perceptible.

Professor Kolbe further states that he put hen's eggs, fresh laid in March and April, in an aqueous solution of salicylic acid, and let them lie about an hour in it. After drying, in air, they were laid in a box filled with chaff; in a second box was placed similarly a fresh egg, which had not been impregnated with acid. The eggs will be examined after six, nine, and twelve months have passed, and the results communicated.

Professor Thiersch made some experiments in the Leipsic Hospital as to the antiseptic action of salicylic acid and its use in surgery. He says that when strewn (either by itself or mixed with starch) on contused wounds not yet cleaned and on scurfy gangrenous surfaces, salicylic acid destroys, for a long time, the putrid odor, without any inflammatory action of importance. In solution of one part of salicylic acid, three parts of phosphate of soda, and fifty parts of water, it favors the coating over of granulation-surfaces. As to its action on fresh wounds, the following data are communicated.

During the operation, the wound is kept under a spray cloud of salicylic acid in water (one in 300). The dressing of the wound consists of wadding, impregnated with salicylic acid in the crystallized state. The wadding is moistened with salicylic acid in water (one in 300), as also the strip of muslin by which it is held. Afterwards, a continuous dripping of the acid solution on the bandage, about eight drops in the minute, is maintained. After an amputation of the femur on April 27, under such treatment, the patient experienced no pain, nor swellings, nor fever. The first renewal of the dressing was on the sixth day. The secretion in the wound during these six days was without smell. With equally good results, Dr. Thiersch performed some other amputations. He is of opinion that salicylic acid has all the advantages of carbolic acid, without its inconveniences.

ALEX. B. MACDOWALL.

—*London Medical Record.*

GLEANINGS FROM OUR EXCHANGES.

GUNSHOT FRACTURE OF THE SKULL—TREPHINING—RECOVERY (*The Lancet*, September 19, 1874).—Mr. H. H. Smith reports the case of a man, æt. 20, who attempted to commit suicide by shooting himself in the forehead. When seen immediately afterwards he was quite insensible, and his face was covered with blood, which proceeded from a star-shaped wound in the forehead just above the nose. The wound and the surrounding skin were blackened with powder, and both tables of the skull were visibly extensively comminuted. There was a jagged, irregular opening in the external table of the skull, through which the finger could be easily passed, when it came upon a mass of comminuted bone of the internal table, which was pressing upon the membranes of the brain. His extremities were cold, and his pulse slow; there was no paralysis, and the pupils acted; there was no strabismus.

Mr. Lawson proceeded to examine the wound and to remove all the detached portions of bone and the pieces which were partially broken and pressing on the brain. As the external wound of the frontal bone was much smaller than that of the internal table, two small semi-circular portions of bone were removed by the trephine from above and below the opening in the external table of the skull, and with a pair of dressing-forceps nine pieces of bone and the bullet were lifted away from the surface of the dura mater, which was found to be considerably lacerated. One of the fragments of bone was nearly as large as a florin, and some small pieces of the dura mater came away attached to some of the fragments of the bone. The contused and lacerated integument was then adjusted as far as possible over the wound, and a pad of wet lint, without any disinfecting fluid, was laid over the parts, and kept in position by a strip of plaster.

After about a week of inflammatory trouble the patient began to grow better, and then progressed steadily to complete recovery.

THE ACTION OF MERCURY (*The British Medical Journal*, August 29, 1874).—Dr. James Ross believes that a study of the physical properties of mercury will prepare us to expect that it will have a profound effect upon the body, and that the following may be laid down as general laws, other things being equal: 1. The generality of the effect produced by an agent increases directly as its molecular mobility. Mercury possesses a high degree of molecular mobility, since it is fluid, and volatilizes to a sensible extent at ordinary temperatures; hence it may be expected to produce a very general effect upon the body. 2. The more massive the

molecule of an element, the more defined the action its compounds produce on the parts of the body upon which they act. The molecule of mercury is massive: hence its action may be expected to be not only general, but specific. 3. The salts of those agents which form stable compounds with albuminous substances are retained for a comparatively long period within the body. The salts of mercury form very stable compounds with albumen, and it is known to be retained for a long period.

After absorption, mercury has a preferential action upon the white tissues of the body, more especially the adenoid tissue, which it stimulates to increased activity. It does most good in chronic indurations and effusions. It is used in syphilis during the induration of the primary sore, and in the secondary stage after the fever has subsided. It does no good in the tertiary symptoms, because the disease is then acting on tissues for which mercury has no affinity.

MULTILOCLULAR SERO-CYSTIC OVARIAN TUMOR SUCCESSFULLY TREATED BY MEANS OF THE ELECTRO-PUNCTURE (*The Chicago Medical Journal*, September, 1874).—Dr. Plym S. Hayes reports the case of an unmarried woman, æt. 40, who suffered from an abdominal tumor which she had first discovered about four months previously.

The abdomen was as large as that of a woman five months pregnant. The growth extended an inch and a half above the umbilicus when the patient was supine. As the abdominal walls were quite thin, the outlines of the tumor were easily distinguished. Three lobes could be distinctly outlined: one in the right iliac fossa, which had attached to its inferior portion a pedicle passing into the cavity of the pelvis; one to the left of the median line, connected by a band to the first-named lobe; and a third—the original tumor—below this band and just above the pubis: this lobe was felt to be nodulated.

Fluctuation could be distinguished in the first two when palpation was employed over each separately, but not when the hand was placed over the one and the other percussed.

Digital examination revealed the fact that the os uteri was directed backward, pressed firmly against the rectum, and congested. Bimanual examination demonstrated that the tumor was not uterine. The sound was introduced into the uterus, and the tumor moved from side to side without producing any marked movement of the sound. The uterus was of normal depth.

Local anæsthesia having been produced by means of ether-spray, two needles were introduced, one into the right cyst, the other into the left, and the current was applied for a few minutes. No trouble followed. This operation was repeated three times during the following month, general electrical treatment being continued during the intervals. No unpleasant effects were at any time experienced, and the treatment resulted in the entire disappearance of the tumor and the complete recovery of the patient.

INJECTION OF MORPHIA INTO A VEIN (*St. Louis Medical and Surgical Journal*, October, 1874).—R. W. Erwin details his own experience on an occasion when he accidentally introduced about one-third of a grain of morphia into a vein, while giving himself a hypodermic injection for the relief of pain caused by a poisoned wound. He was almost instantly seized with a sudden and terrible pressure in the back and basilar portions of his brain. This was of great intensity, and created such a sensation of fulness that he felt as if he would immediately become unconscious; his face was flushed, eyes injected, lips cyanotic, and his skin stung as if pricked with innumerable needles. Applications of cold to the head and neck somewhat relieved these symptoms.

Subsequently there were intense cerebellar headache, general hyperæsthesia of the surface, a severe rigor, and bilious vomiting. Four or five grains of quinine and an ounce of whisky were taken, and about seven hours after the accident the injection was repeated, with the effect of arresting vomiting, relieving pain in the head, and securing sleep. The writer believes that the safest plan of administering a hypodermic injection consists in selecting the part most sparsely supplied with vessels, then gathering up a fold in the fingers, making sufficient pressure at the base to shut off the circulation, after which, slowly injecting the solution. The syringe is then removed, but the pressure is kept up, and only lessened gradually after one or two minutes. This procedure, even should a vein be punctured, will allow of such gradual admission of the drug as not to occasion serious trouble.

EFFECTS OF STAIR-CLIMBING UPON THE HEALTH OF GIRLS (*Detroit Review of Medicine and Pharmacy*, October, 1874).—Mr. George E. Smith, after having investigated the above subject, has concluded that the frequent and excessive climbing of stairs which is rendered necessary by the arrangement of most young ladies' seminaries or colleges is a prolific source of spinal weakness, menorrhagia, etc. He believes, however, that improper dress is really the primary cause of these troubles; tight corsets and heavy skirts rendering any unusual muscular exertion hurtful and dangerous.

A CASE OF CHYLOUS URINE (*The Edinburgh Medical Journal*, September, 1874).—Mr. Robert Smith reports the case of a married woman who, until about two years previously, had enjoyed uninterrupted good health. She then began to be annoyed by a constant pain in the left side, in a position which corresponded to the region and course of the left ureter. There were periods of exacerbation when the pain became acute and was accompanied by sickness. She experienced a scalding extending upwards along the urethra when she voided urine, at the same time that the quantity became diminished; her breath became short, and her ankles swelled towards night. A swelling at the seat of pain became apparent, enlarged, and was very sensitive on motion or pressure. This lasted for some time, until one morning, feeling a temporary relief, she took a walk, which induced a return of her agony. On reaching home she threw herself on her bed, and felt overpowered by a feeling of faintness; then something gave way internally, the swelling in the side subsided, and she soon found herself free from pain, and slept in comparative comfort. The urine next passed looked like thick blood, and contained large quantities of pus; the amount passed after this gradually increased; it was of a dull white color, with a heavy sediment. The œdema disappeared from her ankles, and she was without pain, but suffered from a ceaseless thirst and great weakness, with loss of flesh and appetite. These symptoms gradually progressed, until she died in a comatose condition and greatly emaciated. The urine retained the same character to the last, containing a little fat, albumen, and much pus. The remedy which most diminished the quantity of urine passed was gallic acid, but it was discontinued on account of distressing symptoms which supervened on its use.

TYPHOID FEVER COMPLICATED WITH ŒDEMA OF THE GLOTTIS.—*The Irish Hospital Gazette*, July 15, contains the notes of a case of typhoid fever occurring in the Meath Hospital, in which, during convalescence, that somewhat rare complication, acute œdema of the glottis, occurred, followed by abscess of the larynx. Timely incisions, with external revulsive applications, saved the patient, who was kept alive by nutritive enemata during the progress of the treatment, etc.

MISCELLANY.

MEDICINE AS A PROFESSION FOR WOMEN.—During the last week in August a congress of Danish physicians, more than two hundred in number, met at Aarhus, when, among other points under discussion, the claims of women to enter the profession were brought forward. The congress came to no definite determination on the subject, but it listened with patience to the members who pleaded the cause of female students, and the general feeling at the meeting seemed to be that there was nothing to prevent women from treating the diseases of their sex with ability and success, while in the matter of obstetric practice it was in the highest degree desirable to transfer it completely from the hands of common midwives to those of women duly certificated by the University.—*London Medical Record*.

THE PROFESSION IN EUROPE.—The *Golos* of St. Petersburg states that in Russia there is but one physician to every 17,800 souls. There are governments such as that of Perm, circles like that of Sherdink, where the proportion is still smaller, and there is scarcely one physician to 60,000 souls. There is, moreover, one hospital to every 175,000 inhabitants; one for women in labor to every 6,000,000; one for foundlings to every 1,350,000; one lunatic asylum to every 390,000; one deaf and dumb institution to every 11,000,000. The Russian journal says that the army is better provided for, there being one hospital to every 5000 men. In Prussia the proportion is one to 1250; in Italy there is one physician to every 2280 inhabitants; in England there is one medical man (surgeons included) to every 3180.—*The Medical Press and Circular*.

NOTES AND QUERIES.

4037 CHESTNUT STREET, PHILADELPHIA, }
October 12, 1874.

TO THE EDITOR OF THE PHILADELPHIA MEDICAL TIMES:

DEAR SIR,—I shall be much obliged to you if you can insert the following in your journal:

I am preparing a paper upon *The High or Supra Pubic Operation of Lithotomy*, and, as I desire to have my statistics as accurate and complete as possible, would be glad to receive accounts of any unpublished or inaccessible cases.

The points, of which I desire as many as possible, are—

- I. The name of the surgeon.
- II. The date of the operation.
- III. The sex and age of the patient.
- IV. The size and weight of the calculus.
- V. The result of the operation.
- VI. The time, after the operation, of death or recovery.
- VII. The cause of death, and any remarks as to complications, etc., which may be useful.

Any of your readers who know of cases and will send them will confer an obligation upon

Yours very truly,

CHARLES W. DULLES.

THE following ode gives a witty exposé of the condition of the different schools of philosophy. The refrain is, of course, to be repeated by those who like it, after each stanza:

A DIDACTIC ODE.—*To be sung to the tune of "Guy Faux."*

Ours is a wise and an earnest age, an age of thought and science, Sir;
To error, ignorance, and bliss we fairly bid defiance, Sir.
"Professors" everywhere abound, both in and out of colleges,
And all agog to cram our nobs with "isms" and with "ologies."

Bow, wow, wow,
Tol de riddle, tol de riddle,
Bow, wow, wow.

Philosophy, as you're aware, material and mental, Sir,
At one extreme is "Positive," at t'other "Transcendental," Sir;
And each of us who in these days would speculate "en règle,"
If he can't run the rig with Comte, must take the tip from Hegel.

The fundamental problem which, debated now for ages, Sir,
Is still attacked and still unsolved by all our modern sages, Sir,
Is, if an effort I may make a simple form to throw it in,
Just what we know, and why we know, and what's the way we know it in.

We can't assume (so Comte affirms) a first or final cause, Sir.
Phenomena are all we know, their order and their laws, Sir;
While Hegel's modest formula a single line to sum in,
Is "nothing is and nothing's not, but everything's becomin'."
"Development" is all the go, of course, with Herbert Spencer,
Who cares a little more than Comte about the "why" and "whence," Sir.

Appearances, he seems to think, do not exhaust totality,
But indicate that underneath there's some "Unknown Reality."
And Darwin, too, who leads the throng "in vulgum voces spargere,"
Maintains Humanity is naught except a big menagerie,
The progeny of tailless apes, sharp-eared but puggy-nosed, Sir,
Who nightly climbed their "family trees," and on the top reposed, Sir.

There's Carlyle, on the other hand, whose first and last concern it is
To preach up the "immensities" and muse on the "eternities;"
But if one credits what one hears, the gist of all his brag is, Sir,
That "Erbwürst," rightly understood, is transcendental "Haggis," Sir.
Imaginative sparks, you know, electric currents kindle, Sir,
On Alpine heights, or at Belfast, within the brain of Tyndall, Sir;
His late address, some people hold, is flowery, vague, and vapory,
And represents the "classic nude" when stripped of all its "Draper"-y.

Professor Huxley has essayed to bridge across the chasm, Sir,
"Twixt matter dead and matter quick by means of "protoplasm," Sir,
And to his doctrine now subjoins the further "grand attraction"
That "consciousness" in man and brute is simply "reflex action."

Then Stanley Jevons *will* contend in words stout and emphatical
The proper mode to treat all things is purely mathematical;
Since we as individual men, communities, and nations, Sir,
Are clearly angles, lines, and squares, cubes, circles, and equations, Sir.

George Henry Lewes, I'm informed, had "gone off quite hysterical"
About that feeble, foolish thing, the "theory Metempirical;"
And only found relief, 'tis said, from nervous throes and spasms, Sir,
By banging straight at Huxley's head a brace of brand-new "plasms," Sir.

Such are the philosophic views I've ventured now to versify,
And, if I may invent the term, in some degree to "tersify."
Among them all, I'm bold to say, fair room for choice you'll find, Sir,
And if you don't, why then you won't and I for one sha'n't mind, Sir.

OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS
OF THE MEDICAL DEPARTMENT U.S. ARMY, FROM
OCTOBER 13 TO OCTOBER 19, 1874, INCLUSIVE.

WHITE, R. H., ASSISTANT-SURGEON.—To report to Lieutenant-Colonel Brooke, Third Infantry, commanding troops in New Orleans, La., for assignment to duty. S. O. 162, Department of the Gulf, October 13, 1874.

CARVALLO, C., ASSISTANT-SURGEON.—Assigned to duty at Fort Stanton, New Mexico. S. O. 166, Department of the Missouri, October 14, 1874.

WOODRUFF, EZRA, ASSISTANT-SURGEON.—To report in person to the President of the Army Medical Board, New York City, for examination for promotion, and, upon its completion, to the Commanding General, Military Division of the Atlantic, for assignment to duty. S. O. 224, A. G. O., October 16, 1874.